

SECTION G
CONTRACT ADMINISTRATION DATA

G-1. Contract Administration

The Procuring Contracting Officer (PCO) for this contract is:

Contracting Officer
Office of the Assistant Secretary of Defense for Health Affairs
TRICARE Management Activity
Contract Management Division
16401 East Centretex Parkway
Aurora, CO 80011-9066

G-2. Administrative Contracting Officer (ACO), Contracting Officer's Representative (COR), and Alternate Contracting Officer's Representative (ACOR)

Subsequent to contract award, the PCO will appoint one or more ACOs, one or more CORs, and one or more ACORs under the Regional Director's offices who will be designated certain contract administration responsibilities in that region. The contractor shall work directly with the ACO(s), COR(s), and ACOR(s) on those matters delegated to them. The ultimate responsibility for overall administration of this contract rests with the PCO, TRICARE Management Activity, Aurora, Colorado. The contractor will be provided copies of all delegation letters.

G-3. Contract Payment

a. Contract Payments Disbursed by TMA Aurora

(1) General

(a) The basis for payment to the contractor shall be the prices specified in Section B of this contract.

(b) Methods of Payment to the Contractor

[1] All payments made by the Government will be made by electronic funds transfer (EFT).

[2] Non-underwritten benefit payments will be facilitated by permitting the contractor to withdraw funds directly from the Federal Reserve. These draws must be based on approved contractor payments clearing the contractor's bank account (less related deposits) as described in Chapter 3 of the TRICARE Operations Manual (TOM).

[3] Payments made by a Military Treatment Facility (MTF)

(2) Invoices

(a) TEDs Supported Invoices. Submission of TEDs to TMA will be considered submittal of an invoice.

(b) Non-TEDs Supported Invoices

[1] Electronic invoices are the preferred method of submittal. The contractor can submit electronic invoices by accessing the TMA provided invoicing website. The TMA website will provide electronic forms (e.g. SF 1034 or DD 250) that can be completed and submitted on-line. Supporting documentation may be attached electronically.

[2] The contractor may also, in lieu of a Government form, submit invoices on its own commercially used format.

(3) Payments

(a) Interim payments for cost reimbursement contract line item number(s) (CLINs) (Underwritten Health Care and Case Management/Disease Management) are subject to interest penalties for late payment. Other interim payments, i.e. interim payments for non-cost reimbursement CLINs are not subject to interest penalties for late payment. Reference is made to Section I, FAR Clause 52.216-7, Allowable Health Care Cost and Payment (FEB 2002)(DEVIATION), specifically paragraph (a)(2), and FAR Clause 52.232-25, Prompt Payment (FEB 2002), Alternate I (FEB 2002).

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(b) Claims Processing CLINs – Electronic Claims and Paper Claims (see TOM Chapter 3, Section 9)

[1] Claims rate processing payments are based on TEDs being accepted provisionally or clearing all edits, whichever comes first. These are identified in the TEDs manual.

[2] Payment terms. Claims processing payments are paid 30 days from the date of the cycle that included the accepted or cleared TEDs. If cycle processing is delayed by TMA, this period will be shortened to account for TMA downtime.

[3] No separate invoices are required for claims processing payments based on the automated processes tied to claims clearing TEDs edits. However, invoices are required for non-automated payment requests, unless otherwise instructed by the Contracting Officer.

[4] Claims processing payments procedures are the same for both underwritten and non-underwritten benefit claims

(c) TRICARE Service Centers (TSCs). Invoice on a monthly basis. The contractor shall submit an invoice only after completion of a particular month. Payment terms: Net 30.

(d) Per Member Per Month (PMPM). Invoice on a monthly basis. The contractor shall submit an invoice only after completion of a particular month. Payment terms: Net 30.

(e) Case Management/Disease Management – Cost. Interim invoices may be submitted monthly. Final invoice may be submitted following determination of final cost. Terms: Net 30. Payments under this process are considered to be interim payments. See paragraph A.2.a above.

(f) Case Management/Disease Management – Fixed Fee. Submit invoice on a monthly basis. Terms: Net 30.

(g) Award Fee. Payment will be made by TMA following determination of the Award Fee amount as specified in the corresponding clause in Section H.

(h) Contracting Officer Directed Travel. Submit invoice, with supporting documentation, following completion of travel. Payment terms: Net 30.

(i) Transition-In. Submit invoices on a monthly basis. Payment terms: Net 30.

(j) Transition-Out. Submit invoice following completion of work. Payment terms: Net 30.

(k) Contract modifications, including change orders. As specified within each modification or change order.

(l) Underwritten Health Care Costs

[1] General Description. Payment of underwritten health care cost claims will be made to the Contractor after the associated TEDS records clear all edits. Payment Terms: Net 3 (following clearing all edits)

[2] Payment under this process are considered interim payments.

[3] The contractor will process underwritten health care claims and pay the provider or beneficiary from the contractor's account.

[4] The associated underwritten health care cost TEDS will be submitted to TMA and will be considered submittal of an invoice. If some or all of the TEDS fail edits, they will be returned to the contractor for corrective action. If they pass edits, an automated report will be generated.

[5] TMA will disburse payment to the contractor based on the automated TED report from (4) above. If the TEDS are credits which will result in a payment to the Government, collection will be made from the next payment to the contractor.

[6] Submission of TEDS will be considered submission of an invoice.

(m) Non-Underwritten Benefits

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[1] General Description. Payment to the contractor for benefit payments will be facilitated by allowing the contractor (through the contractor's financial institution) to draw money from the designated Federal Reserve Bank. These draws may only be done to cover payments that have been approved for release by TMA and are clearing the contractor's financial institution on the day the draw is being accomplished. These draws must be reduced by deposits so the bank account will have close to a zero dollar balance at the end of each day.

[2] The contractor shall comply with the detailed instructions for these transactions outlined in the TOM, Chapter 3.

[3] Types of Non-Underwritten Benefits

(i) TEDs Related Benefit Payments. These are payments to a provider or beneficiary supported by a TEDs submission to TMA. See TOM Chapter 3, Section 3.

(ii) CAP/DME and other Non-TEDs Routine Payments. These are payments that cannot be supported by TEDs because they are based on more than one patient. See TOM Chapter 3, Section 4.

(iii) Non-Routine Payments and Vouchers. These are payments that are rare, unusual and will only be approved by the Contracting Officer due to exceptional circumstances. These are transactions that must be done manually. If a transaction can be done through TEDs or other standard procedures they must be done by those procedures – see TOM Chapter 3, Section 5.

(n) Resource Sharing. Invoicing and payment details to be specified within each resource sharing delivery order.

(o) Benefit Payments – Special Circumstances.

Residual Claims. Claims for service provided prior to the start of the contract will be paid as described in this section.

(p) Partial and Interim Underwriting Fee Payments

[1] Partial underwriting fee payments will be determined and paid in accordance with Section H provisions.

[2] Interim underwriting fee payments will be determined and paid in accordance with Section H provisions.

[3] Final fee will be determined and paid in accordance with Section H provisions.

(q) Performance Guarantees. Collections will be made by withholding from the next payment to the contractor.

b. Contract Payments Disbursed by a Military Treatment Facility (MTF) Through the Defense Finance and Accounting Services (DFAS)

(1) This section covers civilian sector claims for both revised financing - MTF Prime enrollees and also Active Duty supplemental care. These procedures must be followed by the contractor in order to ensure timely payments for all health care provided to MTF TRICARE Prime enrollees (Active Duty, Active Duty Dependent, Non-Active Duty Dependent) in the civilian sector.

(a) The contractor will submit TEDs to TMA.

(b) TMA will return to the Contractor rejected TEDS.

(c) The contractor may submit to the appropriate MTF a monthly consolidated invoice of passed (i.e. non-rejected) TED records. TMA reporting will provide the regular daily postings of data by DMIS ID and from these postings the appropriate MTF can check against a contractor invoice. The MTF can then approve the invoice for payment and forward to DFAS for payment.

(d) TMA data available to the MTF will break out underwritten health care and Active Duty supplemental care.

(2) Other Information.

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- (a) The Contractor will pay claims from its own accounts. The contractor will not disburse payments from the not-at-risk bank accounts.
 - (b) Claims will be processed per applicable TMA procedures considering status of the enrollee.
 - (c) TEDs will be process for these claims and submitted to TMA.
 - (d) TMA does not have the authority to collect from the contractor for payments that are due directly to an MTF or to collect recoupments for overpayments made by an MTF.
- (3) Regional Administrative Contracting Officer (ACO) Modifications. Contract modifications issued by Regional ACO's will specify the paying office and invoice submittal instructions.

G-4. ORDERING ACTIVITY

The following describes the ordering authority and procedures for the requirements contract line item numbers (CLINs) of this contract, which are the Per Member Per Month and the Claims processing CLINs.

Ordering Authority. The TMA-Aurora Procuring Contracting Officer (PCO) has authority to issue delivery orders or task orders under the requirements CLINs of this contract.

Ordering Procedures. The PCO will issue delivery orders or task orders on DD Form 1155, Order for Supplies or Services. Orders may be placed by facsimile transmission, mail , or courier.

G-5. MILITARY HEALTH SYSTEM (MHS) ELIGIBLE BENEFICIARIES

The Government will unilaterally determine the number of MHS eligible beneficiaries two times each option period under the Per Member Per Month contract line item numbers, once for the first six month period and once for the seventh through twelfth month. This will be done using an average of six of the seven previous months of eligible beneficiaries as reported by the Defense Manpower Data Center (DMDC) in their monthly "STAT II REPORT." Using the number of MHS eligible beneficiaries, the Government will issue a delivery order for a six month period.